2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# L04000062064

Entity Name: STEINHATCHEE PARCEL 3 LLC

Current Principal Place of Business:

C/O FRANCINE HUSEMAN
8486 154TH CT N
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

C/O FRANCINE HUSEMAN
8486 154TH CT N
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 20-1622631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUSEMAN, FRANCINE
8486 154TH CT N
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	HUSEMAN, JOHN P	
Address:	8486 154 CT N	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	MGRM	( ) Delete
Name:	HUSEMAN, FRANCINE	
Address:	8486 154 CT N	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	MGRM	( ) Delete
Name:	DIVINE, CYNTHIA G	
Address:	8440 154 CT N	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	MGRM	( ) Delete
Name:	DIVINE, WILBUR F	
Address:	8440 154 CT N	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	MGRM	( ) Delete
Name:	MARRON, JUDITH	
Address:	15389 184TH AVE N	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	MGRM	( ) Delete
Name:	MARRON, BRIAN S	
Address:	15389 184TH AVE N	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FRANCINE HUSEMAN MGRM 04/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date